

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. 10040915 FILING DATE 01-05-62.

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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21						
22						
23						
24						
25						
26						
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	5					
TOTAL DEP.	19	↓	↓	↓	↓	↓
TOTAL CLAIMS	29					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	24	↓	↓	↓	↓	↓
TOTAL CLAIMS	29					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS